

REDACTED

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy C-For EMPLOYEE'S RECORDS (see Notice to Employee on back of Copy B.)		Form W-2 Wage and Tax Statement	OMB No. 1845-0008
2007	1 Wages, tips, other comp.	2 Federal income tax withheld	
Employee's SSN	3 Social security wages	4 Social security tax withheld	
Employer Ident. No. (EIN) 13-1924236	5 Medicare wages and tips	6 Medicare tax withheld	
Employer's name, address, and ZIP code MEMORIAL SLOAN-KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK, NY 10065		REISSUED STATEMENT	
Control number			
Employee's first name and initial ROBERT T HEELAN		Last name	Suff.
Employee's address, and ZIP code			
7 Social security tips	8 Allocated tips	9 Advance EIC payment	
10 Dependent care benefits	11 Nonqualified plans	12a code See Instr. for box 12 C	
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b code	
14 Other		12c code	
		12d code	
16 State NY	Employer's state ID no. 1319242368	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name NEW YORK	

Department of the Treasury-Internal Revenue Service

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Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.		Form W-2 Wage and Tax Statement	OMB No. 1545-0008
2007		1 Wages, tips, other comp.	2 Federal income tax withheld
Employee's SSN		3 Social security wages	4 Social security tax withheld
Employer ident. No. (EIN) 13-1824236		5 Medicare wages and tips	6 Medicare tax withheld
Employer's name, address, and ZIP code MEMORIAL SLOAN-KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK, NY 10065		REISSUED STATEMENT	
Control number			
Employee's first name and initial PAUL H DALECKI		Last name	Suff.
Employer's address, and ZIP code			
7 Social security tips	8 Allocated tips	9 Advance E/C payment	
10 Dependent care benefits	11 Nonqualified plans	12a code C	
13 Salaried employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b code E	
14 Other TUI TAXABLE		12c code	
		12d code	
15 State Employer's state ID no. NY 1318242368	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

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Copy C-For EMPLOYEE'S RECORDS (see Notice to Employee on back of Copy B.)		Form W-2 Wages and Tax Statement	OMB No. 1545-0008
2007	1 Wages, tips, other comp.	2 Federal income tax withheld	
Employee's SSN	3 Social security wages	4 Social security tax withheld	
Employer Ident. No. (EIN) 13-1924236	5 Medicare wages and tips	6 Medicare tax withheld	
REISSUED STATEMENT MEMORIAL SLOAN-KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK, NY 10065			
Control number			
Employee's first name and initial SAMSON W FINE		Last name	Suffix
Employee's address, and ZIP code			
7 Social security tips	8 Allocated tips	9 Advance EIC payment	
10 Dependent care benefits	11 Nonqualified plans	12a code See Instr. for box 12 C	
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b code
14 Other		12c code	
15 State Employer's state ID no. NY 1319242368		16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.		19 Local income tax	20 Locality name NEW YORK

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This information is being furnished to the Internal Revenue Service.

Copy B-To Be Filed With Employee's FEDERAL Tax Return		Form W-2 Wage and Tax Statement	OMB No. 1545-0008
2007	1 Wages, tips, other comp.	2 Federal income tax withheld	
Employee's SSN	3 Social security wages	4 Social security tax withheld	
Employer Ident. No. (EIN) 13-1924236	5 Medicare wages and tips	6 Medicare tax withheld	
Employer's name, address, and ZIP code MEMORIAL SLOAN-KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK, NY 10065		REISSUED STATEMENT	
Control number			
Employee's first name and initial HARRY W HERR	Last name	Suff.	
Employee's address, and ZIP code			
7 Social security tips	8 Allocated tips	9 Advance EIC payment	
10 Dependent care benefits	11 Nonqualified plans	12a code See Instr. for box 12 C	
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b code E
14 Other		12c code	
		12d code	
15 State Employer's state ID no. NY 1319242368	16 State wages, tips, etc.	17 State Income tax	
18 Local wages, tips, etc.	19 Local Income tax	20 Locality name NEW YORK	

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